



Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

Center for Health Statistics

Washington State Vital Records **Mail In** Application

Birth		
Have you received a copy before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this person adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate type and number of copies you are requesting:		
Number of Certified Copies _____ @ \$17 each		Number of Adoption Sealed file _____ @ \$15 each
Number of Heirloom Copies _____ @ \$40 each		Number of Paternity Sealed file _____ @ \$15 each
Name on Record (First/Middle/Last)		
Date of Birth (MM/DD/YYYY)	Place of Birth (City/County)	
Father's Full Name (First/Middle/Last) If not named, write "Not Named"		
Mother's Full Maiden Name (First/Middle/Last)		
Death		
Number of Certified Copies _____ @ \$17 each		
Name on Record (First/Middle/Last)		
Date of Death (MM/DD/YYYY) (or 10-year period search)	Place of Death (City/County)	
Marriage or Divorce		
Number of Certified Copies _____ @ \$17 each		Marriage <input type="checkbox"/> Divorce <input type="checkbox"/>
Groom's Name (First/Middle/Last)		
Bride's Name (First/Middle/Last)		
Date of Event (MM/DD/YYYY) (or 10-year period search)	Place of Event(City/County) (county marriage license obtained/county divorce filed)	
Name and Address Required		
Name		Daytime Phone Number
Mailing Address		Email Address
City	State	Zip